Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  Do not use this form to update information								
1. Committee Information								
a. Full Name				AY	c. ID Number			
The Heritage Campa	ign		(S)	8840	HJM4X7			
b. Mailing Address (inclu	de City, State and Zip Code)		Z	8000	d. Date Filed			
9904 Heritage Oak L	ane		OME	E S S	01/22/2019			
Marvin, NC 28173					e. Phone Number			
					(704) 443-1268			
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name			
2019	07/18/2019		31/2019	Audrey Lavelle				
6. Type of Committee		9. Type of Report	t (check on	ly one type of report	from one category)			
Candidate Campai		Municipal	State/C		Referendum			
PAC	Referendum	Organizationa	и 🗆	Organizational	Organizational			
Independent Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five da	У	Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final			
Booster Fund"		Pre-election		Second	Supplemental Final			
☐ Building Fund		Pre-runoff		Third	Annual			
		Semi-annual		Fourth	Special			
		Mid Yea		Semi-annual				
Other:		Year End	d   📙	Mid Year	10. Special Report Name			
0 N 1 0F 1		Final	Year End					
8. Number of Fundr	aisers this Report	Special		Final				
				Special				
11. Account Informa			11. Account					
a. Financial Institution For First Citizens Bank	ull Name		a. Financial Inst	titution Full Name				
b. Purpose	c. Account Code		h Phones					
b. I ut pose	c. Account Code	THE ASSESSMENT OF THE PARTY OF	b. Purpose		c. Account Code			
Campaign	1							
Account for	d. Period Begin Balance		4		d. Period Begin Balance			
Receipts and	\$ 0.00				S			
Expenditures								
CERTIFICATION	P 11 1							
the NC General Statu	mittee or Fund is in compli- tes and that no funds are co correct and that I have been	ommingled with prob	hibited or other	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report			
	ey Lavelle		udrey Dav		1/22/20			
	Printed Name of Signer		Signature of Appoin		Date			
FOR OFFICE USE OF	NLY / /		0 1	0 0				
Date Received:	02/06/2020	Employee:	91	ley ?	Delivery Method Normal Mail			
Date Postmarked	01/31/2020	Employee:	The	ys -	Registered Mail Hand Delivered			
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received			
Date Data Entere	ed:	Employee:			mandatory training			
	Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.							
	You must amend the State	ment of Organizatio	n (CRO-2100A	<ul> <li>-E) to make committ</li> </ul>	ee changes.			

**Disclosure Report Cover** 

Amendment

## **Detailed Summary**

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
The Heritage Campaign	2019 Year End Semi Annual Rep	port	HJM4X7
Start of Election Cycle: January 1,	2019	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 0.00	\$ 0.00
RECEIPTS		, 0.00	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1,131.96	\$ 1,131.96
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 95.64	\$ 95.64
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			THIN
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$ 6 3 2 4
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	S ONO
11c) Outside Sources of Income	(CRO-1250)	\$	\$ \$ \$ \$ 5
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$ ELY
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 1,227.60	\$ 1,227.60
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 675.83	\$ 675.83
13b) Contributions to Candidates/Political Commit	ttees (CRO-1310)	\$ 261.28	\$ 261.28
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 95.96	\$ 95.96
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1		\$ 1,033.07	\$ 1,033.07
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 194.53	\$ 194.53
ADDITIONAL INFORMATION	(CD 0 1110)	05.64	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 95.64	
21) Outstanding Loans (incl. ones from other campaign		\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	2	2

Amendment

 $\boxtimes$ 

No

		m Individuals ividual contributions	over \$5	Pg 0 or contributions unde	_1 of er \$50 if form CR	<u>1</u> O 1205 is no	Yes	No No
THE RESIDENCE OF THE PARTY OF T	CANADA STRUCK ST	(and Fund if applica			er \$50 H form ex	2. ID Num		
The Heri	tage Campaign						НЈМ4Х7	
3. Contr	ibutor Informatio	on		Add Ren	nove		<i>(</i> 6	ITY
	me, Mailing Address	& Phone		b. Job Title/Profession	d. Comments	10	100	
(include	city, state, & zip)						MON	The state of a
	nthony Marcolese	;		c. Employer's Name/Sp		Z 00	8 8 0	
	ritage Oak Lane NC 28173					120	8 (5)	
(704) 443					e. Election Si	um to Date	ELE	
		7				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			07/22/2	019	\$	695.00
	1	Check			08/23/2	2019	\$	5.00
	1	Check			10/25/2	2019	\$	36.00
3. Contri	ibutor Informatio	on		Add Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			_				
	Robert Anthony Marcolese			c. Employer's Name/Sp	ecific Field			
	ritage Oak Lane							
Marvin, I (704) 443	NC 28173 3-1268					e. Election St	ım to Date	
(701) 113	7 1200					\$	1,131.96	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy) k. Amount		
	1	Transfer			11/06/2	019	\$	300.00
			Yard	d Sign balan	10/15/2	2019	\$	95.96
							\$	
3. Contri	ibutor Informatio	on		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)							
				c. Employer's Name/Sp	ecific Field			
						e. Election St	ım to Date	
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Description	i Data (mm/dd/m	\$	L 4	
	g. Account Cour	n. Porm of Layment	1. 111-1	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
			-				\$	
							\$	
. —							\$	
	l only this Pag					\$		1,131.96
	l of ALL CRO	9-1210 Pages Detailed Summary Page (	20		\$		1,131.96	

**Contributions from Individuals** 

Amendment

## **Contributions from Other Political Committees**

1 of

endment		
Ves	$\square$	

No

Use this form to report contributions from other candidate, referendum or PAC committees

	Ill Name (and Fund if appl						2. ID	Number	
The Heritage Ca	mnaion						HJM4X7		
3. Contributor I			Add		Remove				
a. Full Name, Mailin				of Committe			d. Com	ments	
(include city, state	, & zip)		Candidate PAC			Reimbursement-			
				Referende	um			f Marvin	
Jamie Lein Camp	paign		c. Level	Registered (S	Specify)		1	Rental for	
1025 Seminole I	Drive			Federal		County:		& Greet	
Marvin, NC 281	73			State	$\boxtimes$	Municipality:	12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (	tion Sum to D	ate
(704) 619-7461							\$	95.64	
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	on	i. Da	ate (mm/dd/yyyy		j. Amount	
1	Cash					10/16/2019		\$ 50.0	00
		- D	C			10/10/2017		Ψ 50.	
		Donut Meet	s for & Greet			10/17/2019		\$ 45.0	64
		1.1001	0.000				\$		
3. Contributor I	nformation		Add		Remove			•	+
a. Full Name, Mailin				of Committe			d. Com	UNT	M
(include city, state, & zip)			П	Candidate		PAC	u. Com	ments	1 92
	,		11	Referendi		TAC		NC S	\$ 0 W
			c. Level Registered (Specify)				Z 000	AD ONS	
			Federal County:			15 4 4 E			
				State	ī	Municipality:	e. Elect	tion Sum to Da	ateE
							\$		
f. Account Code	g. Form of Payment	h. In-Ki	ind Description i. Date (mm/de		ate (mm/dd/yyyy)		j. Amount		
								\$	
								\$	
								\$	
3. Contributor I			Add		Remove				
a. Full Name, Mailin			b. Type o	of Committee		7.0	d. Com	ments	
(include city, state	, & др)		18	Candidate Referendu		PAC			
			c. Level	Registered (S					
				Federal		County:			
				State		Municipality:	e. Elect	ion Sum to Da	ate
							\$		
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	on	i. Da	ate (mm/dd/yyyy)		j. Amount	
								\$	
								\$	
								\$	
4. Total only this	s Page						\$	95.64	
	CRO-1230 Pages	CRO HOO					\$	95.64	
(1 nis tine must be	on line 8 of Detailed Summary Pa	ge CKO-1100)							

D' L				Amer	ndment		
Disbursements	Pσ	1	of 1		Yes	$\boxtimes$	No
	- 6	-	01 <u>1</u>				.10

ose this form to report expenditures from the committee	for; operating expenses.	contributions to candidate/political	
committees and coordinated party expenditures.			

	un Name (and run	а п аррисавіе)			2. ID Number		
The Heritage C					HJM4X7		
3. Type of Disb	- Bullion Contraction of the Con		RO-1310 forms for each t	ype of Disbursen	nent.)		
Operating E			ndidates/Political Committees	Co	oordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
			1				
First Citizens B	ank		c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	e Florian Com to Date		
				withicipanty.	e. Election Sum to Date		
					\$ 36.00		
f. Account Code	g. Form of Payment	h. Purpose Code	1.5.4.4.4.4	T	Mary policies for any		
i. Account Code	g. Form of Payment	n. 1 ui pose coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Draft	0	10/25/2019	\$36.00	Overdraft Fee		
				-			
				\$			
				Ψ	OUNTY		
4. Payee Inform	nation		Add	Remove	d. Comments O wind with		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments Silve of		
(include city, state,	& zip)				d. Comments O Regive Min Min Market Comments O Regive Min		
			1		12 th 20 3		
The Village of I	Marvin		c. Level Registered (Specify)		3012 10		
10004 New Toy			Federal	County:	FIECH		
Marvin, NC 281			State				
(704) 843-1680	. 73		State	Municipality:	e. Election Sum to Date		
(704) 043-1000					\$ 150.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	CI I				Barn Rental for		
1	Check	O	10/03/2019	\$150.00	Meet and Greet		
					Weet and Greet		
				\$			
4. Payee Inform	ation		Add	Remove			
			b. Coordinated Committee Na		d Comments		
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
D.I. AM. I							
Robert Marcole			c. Level Registered (Specify)				
9904 Heritage C			Federal	County:			
Marvin, NC 281	73		☐ State ☑	Municipality:	e. Election Sum to Date		
(704) 443-1268					6 400.02		
					\$ 489.83		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	T	D		00.50.00	Reimbursement-		
1	Transfer	В	10/15/2019	\$352.92	Campaign Signs		
,	al I			PARTIES NO MARKET	Reimbursement-		
1	Check	0	10/20/2019	\$136.91	Donuts		
5. Total only thi	is Page	The State of the S			\$ 675.83		
	CRO-1310 Pages				Φ 0/3.63		
STATE OF THE PERSON NAMED IN COLUMN 2 IN C	- Committee of the Comm	mary Page CPO 110	0 if Operating Expenses)				
				al Commit	\$ 675.83		
			0 if Contrib to Candidates/Politic				
A STATE OF THE PARTY OF THE PAR	NAME AND ADDRESS OF TAXABLE PARTY.	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON	) if Coordinated Party Expenditu	res)			
	es (List detailed ex						
A* - Media	B* - Printing	C* - Fund			ner Candidate		
E - Salaries	F* - Equipment		CONTRACTOR OF THE PARTY OF THE		g Public Office Expenses		
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund		
O* - Other	a detailed and a d	lan in many	swants 6-13 (1)				
Coues requir	e detailed explanati	ion in required re	emarks neid (K)				

n								
D	18	DI	Ш	rs	en	ne	n	ts

Amendment

 $\boxtimes$ 

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	2. ID Number				
The Heritage Ca					HJM4X7
3. Type of Disb	- Annual Contract of the Contr		RO-1310 forms for each t	ype of Disbursem	nent.)
Operating E			ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				Reimburse Jamie
	•				Lein Campaign
Jamie Lein Cam	naign		c. Level Registered (Specify)		1/3 of costs
1025 Seminole			Federal	County:	for Meet&Greet
Marvin, NC 281			State	Municipality:	
(704) 619-7461	175		State	Municipanty:	e. Election Sum to Date
(701) 015-7401					\$ 202.28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		
ii Account Cour	g. Form of Fayment	m r ar pose code	L. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	В	12/19/2019	\$169.36	Yard Signs /
					Banners
1	Check	O	12/19/2019	\$32.92	Cookies for
4 Danies Inform	-43				Meet & Greet
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		4		Christopher
					Smith was 2019
Christopher Sm			c. Level Registered (Specify)		Marvin
212 Cattle Ridg			Federal	County:	candidate
Marvin, NC 281	73		State 🖂	Municipality:	e. Election Sum to Date
(402) 707-5201					\$ 59.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Classic	D			Reimburse for
1	Check	В	09/27/2109	\$59.00	Campaign Cards
				\$	IMITY
4. Payee Inform	ation		Add	Remove	(S & & 4 W)
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments NOW AND NO
(include city, state,	& zip)				1 4 8 8 9
					E B B C
			c. Level Registered (Specify)		ELY
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				Φ	
				\$	
				Ψ	
5. Total only thi					\$ 261.28
	CRO-1310 Pages				
			0 if Operating Expenses)		\$ 261.28
			0 if Contrib to Candidates/Politic		
the same of the sa	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	AND RESIDENCE OF THE PERSON NAMED IN	0 if Coordinated Party Expenditu	ures)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anoth	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund
CONTRACTOR OF THE PARTY OF THE	e detailed explanat	ion in required r	emarks field (k)		
Cours requir	- detailed explanat	on in required t	emaino nelu (n)		

Amendment **Disbursements** Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

 $\boxtimes$ 

No

Yes

	ull Name (and Fun	d if applicable)				2. ID Number		
The Heritage Ca						HJM4X7		
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for ed	ach type	of Disbursem	nent.)		
Operating E	xpenses		ndidates/Political Committe			ordinated Party Expenditures		
4. Payee Inform	ation		Add	R	emove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi			d. Comments		
(include city, state,						Reimburse Jamie		
***************************************			1			Lein Campaign		
Jamie Lein Cam	paign		c. Level Registered (Spe	ecify)		1/3 of costs		
1025 Seminole 1			Federal Federal	- Inches	ounty:	for Meet&Greet		
Marvin, NC 281			State			e. Election Sum to Date		
(704) 619-7461	75		State		funicipality:	e. Election Sum to Date		
for						\$ 202.28		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	) j.	Amount	k. Required Remarks		
1	Check	В	12/19/2019	\$	169.36	Yard Signs / Banners		
1	Check	0	12/19/2019	S	32.92	Cookies for		
4. Payee Inform			Add		emove	Meet & Greet		
	ng Address & Phone		b. Coordinated Commit		CHIOVE	d. Comments		
(include city, state,			b. Coordinated Commit	ttee Name				
(include city, state,	x zip)	Andrew Commencer Commencer	-			Christopher		
Christophor Smi	'+L					Smith was 2019		
Christopher Smi			c. Level Registered (Spe			Marvin		
212 Cattle Ridge			Federal	-	ounty:	candidate		
Marvin, NC 281	73		State	⊠ M	funicipality:	e. Election Sum to Date		
(402) 707-5201						\$ 59.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	) j.	Amount	k. Required Remarks		
1	Check	В	09/27/2109	\$	59.00	Reimburse for		
		30502				Campaign Cards		
				\$				
4. Payee Inform	ation		Add	R	emove	The same of the sa		
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Commit	ttee Name		d. Comments O S & C O		
(include city, state,	& zip)					0 0		
						Receive 6 NARD CTION		
			c. Level Registered (Spe	ecify)		1 H 8 H		
			Federal	C	ounty:			
			State	П	funicipality:	e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j.	Amount	k. Required Remarks		
				\$				
F Tetal - 1 (1)	D			\$	To the space of the part	0.000		
5. Total only thi						\$ 261.28		
	CRO-1310 Pages	P (7)	0.160	F120 62				
			0 if Operating Expenses)	m		\$ 261.28		
		0 if Contrib to Candidates/		omm)	TOTAL STATE OF THE			
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whi	THE RESERVE OF THE PARTY OF THE	COLUMN TWO IS NOT THE OWNER.	0 if Coordinated Party Exp	enditures)				
	es (List detailed ex		A CONTRACTOR OF THE PARTY OF TH					
A* - Media	B* - Printing	C* - Fund			D - To Anoth			
E - Salaries	F* - Equipment J - Penalties	G - Politic				Public Office Expenses		
I - Postage O* - Other	J - Penames	K* - Offic	ce Expenses		Q" - Donatio	on to Legal Expense Fund		
	e detailed explanati	on in required r	emarks field (k)					

## Amendment **In-Kind Contributions** In-Kind Contributions $P_g = 1$ of $1 = V_e$ Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. No

Jse	CRO-	1215	if In-Kind	Contributions	were or	will	be refu	inded	within 7	7 days.	

1. Committee Full Name (and Fund	l if app	olicable)					2. ID	Number	
The Heritage Campaign								HJM4X7	
3. Contributor Information		Add		Remove	looks !			<b>医</b>	
a. Full Name, Mailing Address & Phone				b. Type o	f Con	tributor	c. Con	nments	
(include city, state, & zip)					ndivid	ual			
					andida	ate			
Robert Marcolese					arty				
9904 Heritage Oak Lane					AC				
Marvin, NC 28173					eferen	ndum	d. Ele	ction Sum to Date	
(704) 443-1268		l H				Receipt Source	ar Ere	cuon Sum to Date	
							\$	95.96	
e. Description					f.	Date (mm/dd/yyy	(y)	g. Fair Market Amount	
Balance on Build a Sign invoice						10/15/2019	)	\$ 95.96	
								\$	
								\$	
3. Contributor Information		Add		Remove					
a. Full Name, Mailing Address & Phone				b. Type o	f Con	tributor	c. Con	nments	
(include city, state, & zip)					ndividu	ual			
					andida	ate		TY	
				Party				JH T. S.	
			PAC					10 28 6 9	
				Referendum			d. Election Suprto Date		
					ther R	Receipt Source	(C & & F )		
			_			\$	E E E		
e. Description					f. Date (mm/dd/yyyy)		g. Fair Market Amount		
					_			\$	
					_			\$	
								\$	
3. Contributor Information		Add		Remove					
a. Full Name, Mailing Address & Phone				b. Type of C			c. Comments		
(include city, state, & zip)				Indi		ual			
					andida	ate			
					arty				
					AC				
					eferen	ndum	d. Election Sum to Date		
					Other Receipt Source		\$		
e. Description					f.	Date (mm/dd/yyy	/y)	g. Fair Market Amount	
								\$	
Mn								\$	
								\$	
4. Total only this Page							\$	95.96	
5. Total of ALL CRO-1510 Pages									
(This line must be on line 17 of Detailed St	mmary	Page CRO-110	00)				\$	95.96	

Use this form to report any in-kind, non-monetary gift, serv	rice or items given to	another committee.	
1. Committee Full Name (and Fund if applicable)	2. ID Number		
The Heritage Campaign			HJM4X7
3. Payee Information	Add Remo		
a. Full Name, Mailing Address & Phone	b. Type of Committee		d. Comments
(include city, state, & zip)	Candidate	PAC	Expenses owed
	Referendum	Party	to The Heritage
Christopher Smith	c. Level Registered (S	pecify)	Campaign not
212 Cattle Ridge Drivee	Federal	County:	paid back by
Marvin, NC 28173	State	Municipality:	Christopher
(402) 707-5201			Smith Campaign
e. Type of Gift			
☐ Coordinated Party Expenditure  ☐	Contribution to Cand	lidate/Political Comm	ittee
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
1/3 Cost of Marvin Barn Rental for			
Meet and Greet		10/03/2019	\$ 50.00
1/3 Cost of Donuts for		10/17/2010	\$ 45.64
Meet and Greet		10/17/2019	\$ 45.64
3. Payee Information	Add Remo		
a. Full Name, Mailing Address & Phone	b. Type of Committee		d. Comments
(include city, state, & zip)	Candidate	PAC	
	Referendum	Party	INTY
	c. Level Registered (S	pecify)	6000
	Federal	County:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	State	Municipality:	0 000
			NOINN BY BY BY SNOTT
e. Type of Gift			0.10
Coordinated Party Expenditure	Contribution to Cand	lidate/Political Comm	
f. Description	Contribution to Cand	g. Date (mm/dd/yyyy)	h. Fair Market Amount
" Description		g. Date (mm/dd/yyyy)	ii. Fair Market Amount
			\$
			\$
3. Payee Information	Add Remo	ove	
a. Full Name, Mailing Address & Phone	b. Type of Committee		d. Comments
(include city, state, & zip)	Candidate	PAC	
	Referendum	Party	
	c. Level Registered (S		
	Federal	County:	
	State	Municipality:	
T. CO'B			
e. Type of Gift  Coordinated Party Expenditure	Contribution to Cand	idate/Political Com-	ittaa
f. Description	Contribution to Cand		
n best ipuou	Carlos Children St. Company	g. Date (mm/dd/yyyy)	h. Fair Market Amount
			\$
			\$
4. Total only this Page			\$ 95.64
5. Total of ALL CRO-1330 Pages  (This line must be on line 20 of Detailed Summary Page CRO-1100)			\$ 95.64

Non-Monetary Gifts Given to Other Committees  $P_g = 1$  of 1

Amendment

Yes No